

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573)875-5073

www.offa.org

A Not-For-Profit Organization

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Only**

Application for Kidney Database
For Airedale Terriers, Bull Terriers and Mini Bull Terriers Only

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC			Other registry name:			
						Other registry #:			
Registered name:			Sex:			Color:			
Breed:			Date of Birth (month-day-year):						
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip			Registration number of sire:			Registration number of dam:			
Owner name:			Date of current evaluation (month-day-year):						
Co-Owner name:			Examining veterinarian's name or veterinary hospital:						
Mailing address:			Mailing Address:						
City:		State:	Zip/postal code:		City:		State:	Zip/postal code:	
Phone:		E-mail:			Phone:		E-mail:		

I hereby certify that the test submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative _____

<p>Authorization to Release Abnormal Results</p> <p><i>I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal</i></p> <p>_____ (initials of registered owner).</p>
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Veterinary Information

_____ Normal: < 0.5 UP/UC Ratio
 _____ Abnormal: > 0.5 UP/UC Ratio
 _____ Actual Value Reported

<input type="checkbox"/> I attest that the above result is valid for this animal. <input type="checkbox"/> IDID verify tattoo/microchip on this dog <input type="checkbox"/> IDID NOT verify tattoo/microchip on this dog		
Veterinarian Signature _____		Specialty: <input type="checkbox"/> Practitioner, <input type="checkbox"/> Specialist
		Date _____

Fees

- Kidney database \$15.00

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

 Visa/Master Card Number Name on Card Exp Date CVV (security code)

Affected Animals are at No Charge